



BURBANK LANDLORD-TENANT COMMISSION

TENANT QUESTIONNAIRE

(One questionnaire per tenant)

Date: _____

Personal Information	<p>Are you in litigation? Y/N *</p> <p>*Please be advised if Yes, the Commission is not able to assist you, as your case is now a legal matter.</p> <p>Name: _____ Phone Number: _____</p> <p>Address: _____ Cell: _____</p> <p>Move-in Date: _____</p> <p>Unit Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment Current Rent: \$ _____</p> <p>Number of units in building: _____ Lease Type: <input type="checkbox"/> Yearly <input type="checkbox"/> Month-to-month</p> <p>Number of occupants: Adults _____ Minors _____</p> <p>Number of bedrooms: <input type="checkbox"/> Studio <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom <input type="checkbox"/> 3 bedroom</p>
Problem/Issue	<p>Briefly Explain: _____</p> <p>_____</p> <p>_____</p> <p>When did you first report the problem to manager/owner? _____ Did they respond? Y/N</p> <p>Is the manager on-site? Y/N</p> <p>Have you referred to the CA Tenants Handbook? Y/N</p>
Property Information	<p><u>Amenities (Select all that apply):</u></p> <p><input type="checkbox"/> A/C <input type="checkbox"/> Garbage disposal <input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Balcony <input type="checkbox"/> Garage <input type="checkbox"/> Security gates</p> <p><input type="checkbox"/> Dishwasher <input type="checkbox"/> Laundry <input type="checkbox"/> Smoke detector</p> <p><input type="checkbox"/> Fireplace <input type="checkbox"/> Patio <input type="checkbox"/> Stove</p> <p>Flooring Type: <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Private yard <input type="checkbox"/> Swimming pool</p> <p>Other Amenities Not Listed: _____</p> <p>Recent Rent Increases: Date: _____ From: \$ _____ To: \$ _____</p> <p>Date: _____ From: \$ _____ To: \$ _____</p> <p>Owner(s) Name: _____ Address: _____ Tel: _____</p> <p>Prop. Mgr Name: _____ Address: _____ Tel: _____</p> <p>Date of ownership change: _____</p>
Health Hazards and Repairs	<p>Plumbing Problems: Y/N Electrical Problems: Y/N</p> <p>Repairs you have made: _____ Cost: \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>Repairs needed immediately: _____</p>

Attach any additional documentation to this form.

This form is completed voluntarily and the information it contains may be shared at an open public meeting.

RETURN TO:

CITY OF BURBANK HOUSING AUTHORITY
150 N. THIRD STREET, 2ND FLOOR
BURBANK, CA 91502

TEL: 818.238.5160